



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

04/03/2015

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000217778

INSTALLATION NAME: NYCDOT - SIM CITYWIDE CONCRETE

INSTALLATION ADDRESS : 8 29TH ST
BROOKLYN, NY 11232

MAILING ADDRESS : 8 29TH ST
BROOKLYN, NY 11232

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: NYCDOT - SIM CITYWIDE CONCRETE
or Current Occupant
ATTN: HORACE JOHNSON
8 29TH ST
BROOKLYN, NY 11232**

**SEND
COMPLETED
FORM TO:**The Appropriate
State or Regional
Office.United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM2015 FEB 19 P 2
RCRA PROGRAM
BRANCH**1. Reason for Submittal**MARK ALL
BOX(ES) THAT
APPLY**Reason for Submittal:**

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number NYIR 000 217 778

3. Site Name

Name: NYC DOT - SIM / Citywide Concrete

4. Site Location Information

Street Address: Eight 29th Street

City, Town, or Village: Brooklyn

County: Kings

State: NY

Country: USA

Zip Code: 11232

5. Site Land Type
☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☒ Other
6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 2 3 7 3 1 0

C.

B.

D.

7. Site Mailing Address

Street or P.O. Box: 8 29th Street

City, Town, or Village: Brooklyn

State: NY

Country: USA

Zip Code: 11232

8. Site Contact Person

First Name: HORACE

MI:

Last: JOHNSON

Title: SUPERVISOR

Street or P.O. Box: 8 29th Street

City, Town or Village: Brooklyn

State: New York

Country: USA

Zip Code: 11231

Email: Hjohnson@dot.nyc.gov

Phone: 212-839-2101

Ext.: —

Fax: 212-839-2105

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: EDC DEVELOPMENT CORP

Date Became Owner: 1900 JAN 1

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☒ Other

Street or P.O. Box: 110 William Street

City, Town, or Village: New York

Phone: (212) 619-5000

State: NY

Country: USA

Zip Code: 11232

B. Name of Site's Operator: Horace Johnson

Date Became Operator: June 2012

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☒ Municipal ☐ State ☐ Other

Rec 2/19/15, Called & emailed 2/19/15 3/4/15
On latter date Mr Nixon provided ownership / operate data

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- 5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒

- 1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

